

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>03/25/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	<i>21423</i>	<i>5-17-00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>21423</i>	<i>7-6-00</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	7/2/01	
2		7/16/01	
3		7/25/02	
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Claim	Final	Original	Date
51		7/2/01	
52		7/16/01	
53		7/25/02	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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